

UNDERGROUND INJECTION CONTROL (UIC)

Department of Health
State of Hawai'i

**Existing, Large-Capacity Cesspool (LCC) Injection Well
Application For Abandonment of An Unregistered Injection Well and
Authorization to Operate Until Abandonment**

(Reference: Chapter 23 of Title 11, Hawai'i Administrative Rules,
Titled Underground Injection Control)

\$100.00 Filing Fee Required
(December 2003)

<p>Submit application and attachments to:</p> <p>Safe Drinking Water Branch Environmental Management Division Department of Health 919 Ala Moana Blvd., Room 308 Honolulu, Hawai'i 96814</p>	<p>For Office Use:</p> <p>File No. _____ _____ _____ _____ _____</p>
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1. Facility Name: _____

2. Facility Description (Check all that are applicable, including combinations.):

- | | | |
|---|---|--|
| <input type="checkbox"/> Airport | <input type="checkbox"/> Group Housing | <input type="checkbox"/> Recreation Facility |
| <input type="checkbox"/> Business Establishment | <input type="checkbox"/> Hospital or Lab | <input type="checkbox"/> Research Building |
| <input type="checkbox"/> Care Home | <input type="checkbox"/> Hotel | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Comfort Station | <input type="checkbox"/> Library | <input type="checkbox"/> Retail Store |
| <input type="checkbox"/> Emergency Disposal | <input type="checkbox"/> Municipal Building | <input type="checkbox"/> School |
| <input type="checkbox"/> Factory/Processing | <input type="checkbox"/> Park | <input type="checkbox"/> Shopping Center |
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Plantation | <input type="checkbox"/> Visitor Attraction |
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Prison | <input type="checkbox"/> Other: _____ |

Describe the characteristics of the facility (For public notification purposes, this information must be satisfactorily complete.): _____

3. Facility Location:

a. Street Address _____
Town _____ District _____
Island _____ State _____ Zip Code _____

b. Attach island map showing the general location of the facility.

c. Attach TMK map highlighting the property and showing the location of injection well(s).

Tax Map Key No. _____

d. Attach Site Plan.

e. Attach USGS topographic map (scale 1:24,000) showing the location of the property, the injection well(s), **and drinking water sources within 1/4 mile of the facility.**

f. Coordinates: injection well coordinates, under the Old Hawaiian Datum (NAD 27):

Latitude _____° _____' _____" N Longitude _____° _____' _____" W

4. Owner of the facility and address: _____

5. Operator of the facility and address: _____
(Repeat the entry even _____
if same as item No. 4) _____

6. Legal contact or official contact person for the facility (Note: person the correspondence will be addressed to; contractors and managing agents are not applicable.):

Full Name _____

Position _____

Company _____

Permanent Address _____

Telephone Number _____ FAX Number _____

7. Check appropriate box.

☐ Fee Simple property. Owner: _____

☐ Leasehold property. Owner (Lessor): _____

If the facility is on leasehold property, attach a written acknowledgment and consent of this application from the fee simple owner (lessor) of the property.
(An acknowledgment/consent form is attached.)

8. Consultant servicing this application:

Contact person _____ Affix P.E. stamp here, for engineers:

Position _____

Company Name _____

Address _____

Telephone Number _____

FAX Number _____

9. Injection System:

a. Anticipated date of injection well abandonment _____

b. Number of injection wells _____

c. Identify the source of the injected fluid and estimate the percent contribution
(totaling 100%):

<input type="checkbox"/> A/C condensate _____%	<input type="checkbox"/> Laundry _____%
<input type="checkbox"/> Animal Displays _____%	<input type="checkbox"/> Restroom _____%
<input type="checkbox"/> Drains _____%	<input type="checkbox"/> Runoff _____%
<input type="checkbox"/> Food Processing or Servicing _____%	<input type="checkbox"/> Showers _____%
<input type="checkbox"/> Household activities: _____%	<input type="checkbox"/> Swimming Pool _____%
cooking, cleaning, washing, etc.	<input type="checkbox"/> Water Features _____%
<input type="checkbox"/> Other: _____	
_____	_____%

- d. In your estimation, the performance of the injection well(s) has been (check appropriate box):

☐ Poor

☐ Average

☐ Good

- e. Describe the connection of the wastewater source(s) to the injection well system and the connection between each injection well within the system.

- f. Attach an appropriate flow diagram showing how the wastewater flows from its generating points to the injection well.

10. Injection Characteristics: Manner, Rate, Pressure, and Quantity. If needed, provide more information for clarity.

Injection Manner: <u>continuous</u> , <u>intermittent</u> , or <u>other</u> (please specify).	
Injection Rate: <u>fixed</u> or <u>variable</u> .	
Injection Pressure: <u>gravity fed</u> or <u>pump fed</u> .	
Access (port) into injection well: <u>available</u> or <u>not available</u> .	
If injection is via pump fed pressure, describe the pumping setup and the maximum injection pressure in pounds per square inch (psig) at the wellhead:	
Average Injection Quantity in gallons per day (gpd):	
Maximum Injection Quantity in gallons per day (gpd):	

11. Injection well construction method, and date of construction:

12. Submit the well log (boring log) of the injection well(s), if any. (Attach as a separate sheet.)

Remarks

13. Submit water level recordings, tidal fluctuations, and tidal efficiency of the injection well(s), if any. (Attach as a separate sheet.)

Remarks

14. Water Quality:

a. Source of potable water serving the facility.

b. Source(s) of nonpotable water serving the facility.

15. \$100 Filing Fee: ☐ Attached ☐ Not required , operated by government agency.

16. Date of this application:

17. Complete the "**Diagram** For Large-Capacity Cesspool Injection Well Dimensions;" OR provide a detailed cross-sectional drawing of the injection well having the equivalent information.

18. If this application applies to more than one existing LCC injection well, provide the **Diagram** for each LCC injection well.

19. Attach the Signatory and Certification Statement. Fill all items completely.

Note: After review of this application, further information may be requested.

DIAGRAM FOR LARGE-CAPACITY CESSPOOL INJECTION WELL DIMENSIONS

Well No. _____

Cover: _____
 Thickness _____ in.
 Port Dimensions _____

Ground Surface Elevation _____
 _____ ft., msl.

(If the cover is buried below
 ground surface, the buried depth
 is _____ ft.)

Diameter of Hole (Excavation)
 _____ in.

Inside
 Diameter

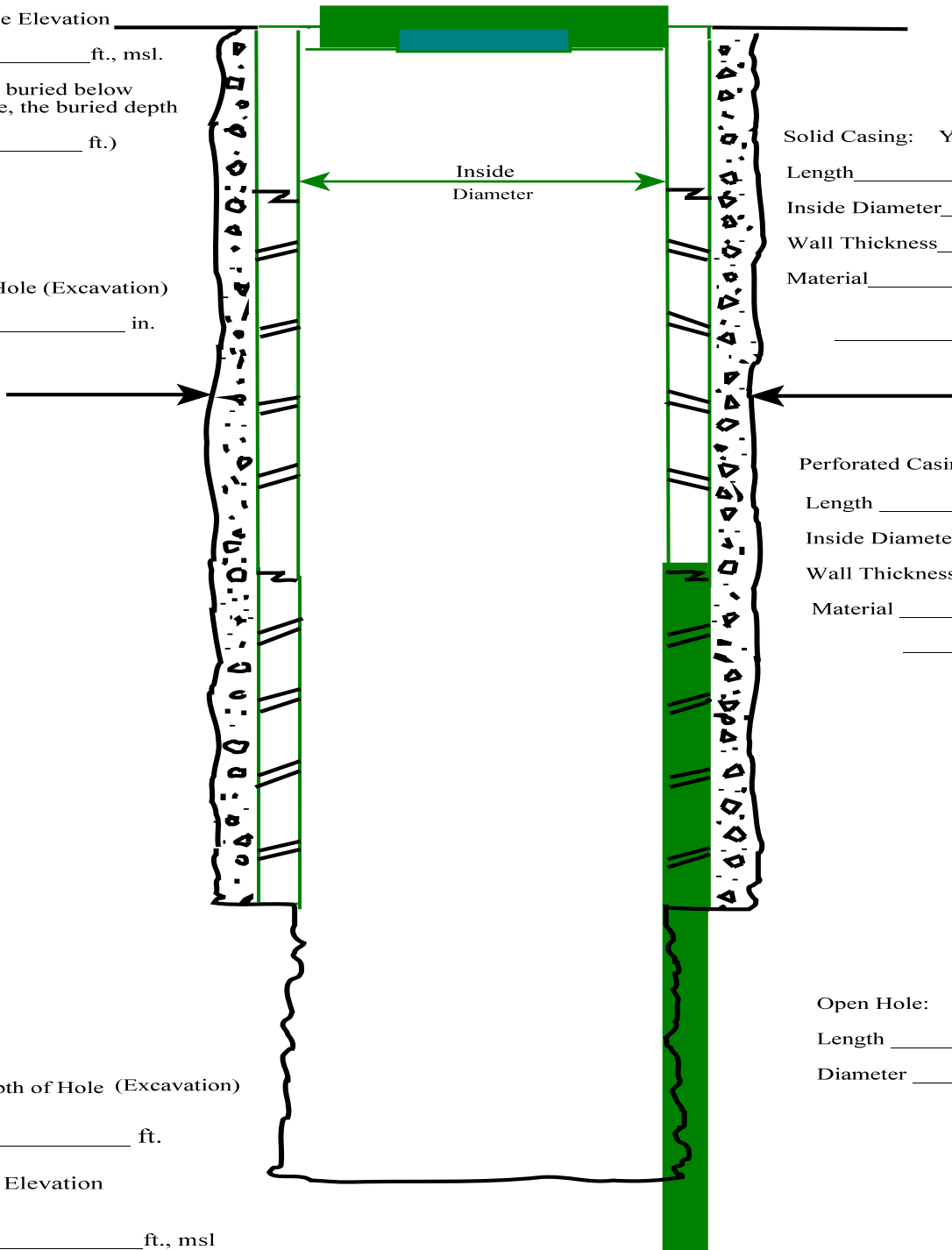
Circle
 Solid Casing: Yes or No
 Length _____ ft.
 Inside Diameter _____ in.
 Wall Thickness _____ in.
 Material _____

Circle
 Perforated Casing: Yes or No
 Length _____ ft.
 Inside Diameter _____ in.
 Wall Thickness _____ in.
 Material _____

Circle
 Open Hole: Yes or No
 Length _____ ft.
 Diameter _____ in.

Total Depth of Hole (Excavation)
 _____ ft.

Bottom Elevation
 _____ ft., msl



SIGNATORY AND CERTIFICATION STATEMENT
FOR UNDERGROUND INJECTION CONTROL (UIC) SUBMITTALS
**(submitted Statement shall bear an original signature and date -
photocopy signatures are unsatisfactory.)**

I certify that:

(for a municipal, state, federal, or other public agency)

I am a principal executive officer or ranking elected official; or

In the case of Federal agencies, I am the chief executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

(for a partnership or sole proprietorship)

I am a general partner (partnership) or a proprietor (sole proprietorship).

(for a corporation)

I am President, Vice President, Secretary or Treasurer of the corporation and in charge of a principal business function, or I perform similar policy or decision making functions for the corporation; or,

I am the manager of one or more manufacturing, production or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Description of Document

Application

Type of Organization (please circle):

- | | | |
|------------------------|--|----------------|
| 1. sole proprietorship | 2. partnership | 3. corporation |
| 4. municipal | 5. state, federal or other public agency | |

Signature _____

Name (Print) _____

Title _____

Date _____

Company Name _____

Address _____

Phone Number () _____ FAX Number () _____